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ABSTRACT

This instructional module on death and bereavement is one in a block of 10 modules designed to provide the human services worker who works with older adults with basic information regarding the aging process. An introduction provides an overview of the module content. A listing of general objectives follows. Four sections present informative material on each of the four objectives. Topics are grief responses, grief situations, helping someone in grief, and discussing death and dying. Other contents include a summary and listings of selected readings and additional resources. (YLB)

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BLOCK A

Basic Knowledge of the Aging Process

MODULE A·6

Death and Bereavement

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ELDERLY SERVICE WORKERS' TRAINING PROJECT

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DEATH AND BEREAVEMENT

MODULE A.6

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING INDIVIDUALS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE "DEATH AND BEREAVEMENT" MODULE.

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INTRODUCTION

THE LISTENING AND THE OLDER ADULT MODULE DESCRIBED WAYS IN WHICH YOU CAN BETTER COMMUNICATE WITH AN OLDER ADULT. THESE SKILLS ARE ESPECIALLY IMPORTANT WHEN YOU ARE DEALING WITH A DIFFICULT TOPIC OF CONVERSATION, SUCH AS GRIEF OR PREPARATION FOR DEATH.

HUMAN SERVICE WORKERS WHO UNDERSTAND THE TYPES OF SITUATIONS WHICH MAY RESULT IN GRIEF AS WELL AS THE TYPICAL REACTIONS AN OLDER ADULT MAY HAVE TO LOSSES, CAN GREATLY FACILITATE THE COPING PROCESS OF A GRIEF-STRICKEN INDIVIDUAL. THIS, IN TURN, WILL HELP THE INDIVIDUAL FEEL BETTER SOONER.

ALSO, OLDER ADULTS MAY RESPOND TO THEIR OWN IMMINENT DEATH BY TRYING TO PUT THEIR "HOUSE IN ORDER". HUMAN SERVICE WORKERS NEED TO HELP THIS PROCESS, AND NOT HINDER IT BY TRYING TO GET THE PERSON TO IGNORE THOUGHTS OF DEATH. THE MAIN PURPOSES OF THIS MODULE ARE TO ASSIST THE HUMAN SERVICE WORKER: (1) TO RECOGNIZE SITUATIONS WHERE GRIEF MAY OCCUR, (2) TO UNDERSTAND THE REACTIONS AN OLDER ADULT MAY HAVE TO A GRIEF SITUATION, AND (3) TO DEVELOP SKILLS USEFUL IN DEALING WITH SOMEONE WHO IS DYING.

GENERAL OBJECTIVES

UPON COMPLETION OF THIS MODULE, YOU WILL BE ABLE TO:

(1) UNDERSTAND TYPICAL GRIEVING RESPONSES.

(2) IDENTIFY SITUATIONS WHERE A GRIEF-REACTION MAY OCCUR

(3) BE AWARE OF SEVERAL WAYS IN WHICH TO HELP SOMEONE IN GRIEF.

(4) DESCRIBE A FEW WAYS TO MORE COMFORTABLY INTERACT WITH SOMEONE WHO IS DYING.

THE FOLLOWING SECTION WILL PRESENT TYPICAL GRIEVING RESPONSES.

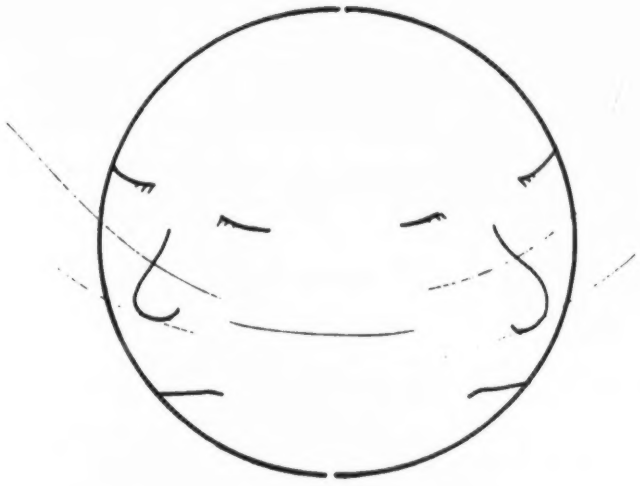
GRIEF RESPONSES

UPON COMPLETION OF THIS SECTION, YOU WILL ABLE TO UNDERSTAND TYPICAL GREIVING RESPONSES.

NOT EVERYONE RESPONDS TO GRIEF IN THE SAME WAY. JUST AS THERE ARE MANY TYPES OF GRIEF, THERE ARE MANY REACTIONS TO GRIEF. EACH INDIVIDUAL WILL REACT IN THEIR OWN SPECIAL WAY TO DIFFICULTIES. IT IS IMPORTANT TO BE AWARE OF THIS, ESPECIALLY WHEN OBSERVING AND REACTING TO THE BEHAVIOUR OF THE OLDER ADULT.

SOME COMMON REACTIONS ARE:

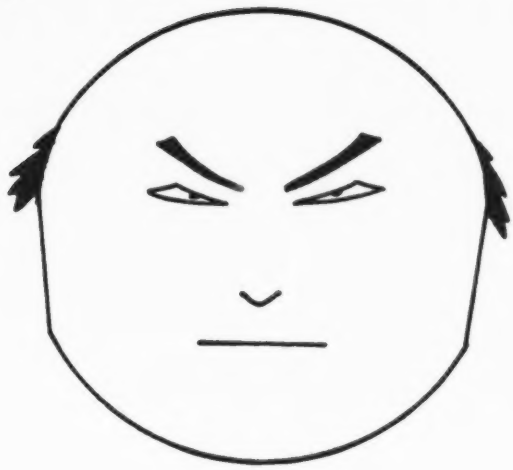
DENIAL



1. <u>DENIAL.</u> ONE WAY OF COPING WITH GRIEF (OR ANTICIPATED GRIEF) IS TO PRETEND THE BAD SITUATION DOESN'T EXIST.

FOR EXAMPLE, GEORGE IS 67. HIS WIFE, ELOISE, IS 64. IN DECEMBER, ELOISE HAD A STROKE, AND HAD TO MOVE TO THE HOSPITAL. HER DOCTORS TOLD GEORGE THAT SHE DOESN'T HAVE LONG TO LIVE, BUT GEORGE TELLS ELOISE AND EVERYONE ELSE WHO ASKS, "SHE'LL BE HOME SOON....".

ANGER



2. <u>Anger.</u> Another method of coping with grief is to become angry. This anger may be directed at a specific person (e.g. a loved one or someone close to them), a group of people (e.g.,"all those lousy doctors in that damn hospital"), a specific place, or a particular thing.

For example, Sybil worked as a receptionist for 33 years. On her 65th birthday, along with her paycheck was a notice of her "release" (or forced retirement). Sybil stormed out of the office screaming, "Thank goodness I don't have to work with those smelly salesmen anymore...I've hated it for years...I've hated it all!".

DEPRESSION

3. Depression. This is the most common reaction to a loss. A person will feel down or "blue", lose their appetite, feel uninspired and lethargic, react with indifference to things they used to enjoy, and cry or sigh a lot.

For example, when Martha's dog, Boo, died, she found herself avoiding all the activities she had done with him. This included daily walks through the neighborhood and evening chats by the fireside. Martha felt tired all of the time, and often forgot to eat. Nothing seemed to matter to her anymore. She felt absolutely alone.

THE FOLLOWING SECTION WILL PRESENT SITUATIONS WHERE A GRIEF-REACTION MAY OCCUR.

GRIEF SITUATIONS

UPON COMPLETION OF THIS SECTION, YOU WILL BE ABLE TO IDENTIFY SITUATIONS IN WHICH A GRIEF-REACTION MAY OCCUR.

GRIEF

GRIEF IS AN EMOTIONAL RESPONSE TO LOSS - ESPECIALLY THE LOSS OF SOMEONE OR SOMETHING VERY IMPORTANT.

IT IS FAIRLY EASY TO RECOGNIZE THE GRIEF WHICH FOLLOWS THE DEATH OF A LOVED ONE. USUALLY, WHEN INFORMED OF SOMEONE'S DEATH, WE RESPOND WITH SADNESS. THE AMOUNT OF SADNESS AND HOW LONG WE FEEL THIS WAY DEPEND ON (A) HOW IMPORTANT THAT PERSON WAS TO US, (B) WHETHER THEIR DEATH WAS EXPECTED OR SUDDEN, AND (C) WHAT KIND OF SOCIAL SUPPORT WE HAVE TO HELP US IN OUR GRIEVING.

WHEN A HUMAN SERVICE WORKER IS TOLD BY AN OLDER ADULT THAT HE OR SHE HAS "JUST LOST SOMEONE", THAT WORKER BECOMES PART OF THE SOCIAL SUPPORT OF THE GRIEVER. THE MOST IMPORTANT THING THE WORKER CAN DO IS BE A GOOD LISTENER. THE LISTENING AND THE OLDER ADULT MODULE EXPLAINED THAT YOUR JOB IS NOT TO TAKE AWAY THE SADNESS...YOUR JOB IS TO LISTEN TO THE SADNESS. CARING,

LISTENING AND BEING THERE ARE ALL WAYS IN WHICH YOU CAN HELP. EVEN IF YOU CAN NOT DO ANYTHING TO CHANGE THE SITUATION, EFFECTIVE LISTENING CAN HELP RELIEVE THE SADNESS.

THE LOSS OF A LOVED ONE THROUGH DEATH IS ONLY ONE FORM OF LOSS. MANY OTHER LOSSES CAN CREATE A SITUATION IN WHICH THE INDIVIDUAL MAY GRIEVE. FOR INSTANCE, WHEN FAMILY OR FRIENDS MOVE TO A DISTANT CITY, AN OLDER INDIVIDUAL MAY GRIEVE THE LOSS OF THEIR COMPANY. OTHER LOSSES MAY REMIND A PERSON OF PREVIOUS PAIN, AND THUS CREATE A CHAIN OF GRIEF. THESE ARE MORE DIFFICULT TO RECOGNIZE THAN, SAY, THE DEATH OF A SPOUSE, BUT THE HUMAN SERVICE WORKER WHO LISTENS WELL WILL KNOW WHEN SUCH A LOSS HAS OCCURRED.

FOR EXAMPLE, WHEN A PET WHICH WAS A GIFT FROM A (NOW DECEASED) FRIEND DIES, THE OWNER LOSES NOT ONLY THAT CUDDLY COMPANION, BUT ALSO AN IMPORTANT LINK TO THE DEPARTED FRIEND. IF YOU ARE LISTENING WELL TO HOW AN OLDER INDIVIDUAL DESCRIBES THEIR LOSS, YOU WILL UNDERSTAND HOW IMPORTANT THAT PERSON, PET OR THING WAS TO THAT INDIVIDUAL.

STILL OTHER FORMS OF GRIEF ARE INVOLVED WHEN ONE RECOGNIZES A LOSS OF ONE'S OWN ABILITIES OR CONTROL. THESE ARE ESPECIALLY DIFFICULT LOSSES FOR INDIVIDUALS TO ACKNOWLEDGE AND DESCRIBE, SO HUMAN SERVICE WORKERS NEED TO BE ATTUNED TO THEIR OCCURRENCES.

Situations

1. Margaret lives alone in the house her husband built 50 years ago. He has been dead for 11 years, and Margaret has been doing her cooking, cleaning and shopping alone. However, over the past two years she has become more and more aware of her failing eyesight. Her doctor told her she is going to become completely blind, but this will take many years. One day, Margaret's friend came to visit, and found Margaret crying uncontrollably. According to Muriel. "Nothing in particular had happened".

2. Henry tended a large garden in the abandoned lot next to his home. He called it "the Butchart Gardens of Winnipeg". Last spring, after he had put in all of his early plantings, a construction company tore up his beautiful garden and laid a cement foundation for a new home. When Henry yelled at the construction men, they didn't even acknowledge he was there. Henry's wife said she found her husband sitting in the bedroom, staring out of the window, blank and motionless, "almost as if a part of him had died".

Explanation

Margaret and Henry have each suffered great losses. Margaret has realized she is going blind, and soon will not be able to live independently. She may be grieving her physical loss of sight, or the losses she expects in the near future (e.g., having to sell her home, having

TO DEPEND ON SOMEONE ELSE TO DO HER SHOPPING, ETC.,) HENRY HAS LOST A SIGNIFICANT PART OF HIS SELF-ESTEEM, HIS GARDEN. HE MAY ALSO FEEL THAT HE DOESN'T MATTER AT ALL ANY MORE, SINCE THE CONSTRUCTION MEN WOULDN'T EVEN SPEAK TO HIM.

HELPING

THE HUMAN SERVICE WORKER CAN'T GIVE MARGARET BACK HER SIGHT, OR RETURN HENRY'S GARDEN LOT, HOWEVER, IN TIME THE WORKER MAY BE ABLE TO HELP MARGARET AND HENRY FIND NEW ACTIVITIES TO FILL THEIR TIME, TO HELP THEM FEEL USEFUL, BUT THE IMMEDIATE ISSUE IS UNDERSTANDING THEIR GRIEF, AND LETTING THEM KNOW THEY ARE UNDERSTOOD. THE WORKER CAN SHOW UNDERSTANDING BY LISTENING, CARING, AND BEING THERE. REMEMBER, LISTENING <u>IS</u> HELPING.

THE FOLLOWING SECTION WILL DISCUSS WAYS TO HELP SOMEONE IN GRIEF.

HELPING SOMEONE IN GRIEF

UPON COMPLETION OF THIS SECTION YOU WILL BE AWARE OF SEVERAL WAYS IN WHICH TO HELP SOMEONE WHO IS GRIEVING.

EACH OF THE REACTIONS MENTIONED IN THE PREVIOUS SECTION IS NATURAL. SOME INDIVIDUALS WILL GO THROUGH ALL OF THESE RESPONSES TO A LOSS. OTHERS WILL EXPERIENCE TWINGES OF ONE KIND OR ANOTHER, BUT MAY NEVER HAVE A SEVERE REACTION. DIFFERENT PEOPLE RESPOND IN DIFFERENT WAYS. FURTHERMORE, THE IMPORTANCE OF A PARTICULAR LOSS WILL DEPEND ON THE RELATIONSHIP THE GRIEVER HAD TO THAT PERSON OR THING.

THE MOST IMPORTANT THING FOR A HUMAN SERVICE WORKER OR VOLUNTEER TO REMEMBER IS NOT TO TRY TO JUDGE SOMEONE ELSE'S REACTION BY YOUR OWN. LISTEN TO WHAT THAT OLDER INDIVIDUAL'S NEEDS ARE, AND TRY TO LET HIM OR HER KNOW YOU HEAR AND UNDERSTAND THEIR GRIEF.

FOR INSTANCE, MARION HAD BEEN GIVEN A BEAUTIFUL BLUE BROACH BY HER MOTHER WHEN MARION WAS ONLY FIVE YEARS OLD. SHE HAD CHERISHED THAT BROACH ALL OF HER LIFE. AS A CHILD, SHE USED TO PRETEND IT WAS A MAGIC STONE, AND SHE WOULD MAKE SECRET WISHES, HOLDING IT CLOSE TO HER HEART. WHEN SHE MARRIED, SHE WORE IT AS HER "SOMETHING BLUE". WHEN HER HUSBAND WENT OFF TO WAR, SHE WRAPPED IT IN A SCARF AND GAVE IT TO HIM TO REMIND HIM OF HER. SHE BELIEVED IT HAD HELPED BRING HIM HOME SAFELY. THE BROACH WAS FILLED WITH HAPPY MEMORIES FOR MARION.

BECAUSE IT WAS SO SPECIAL, MARION LOANED IT TO HER GRANDDAUGHTER FOR HER FIRST HIGH SCHOOL DANCE. HER GRANDDAUGHTER DIDN'T REALLY WANT TO WEAR " THAT SILLY OLD THING", BUT TOOK IT ANYWAY WITHOUT SAYING MUCH. AT THE DANCE, SOMEONE NOTICED IT ON HER COAT, AND LAUGHED AT HER "WIERD TASTE". SHE UNPINNED IT AND TOSSED IT IN THE GARBAGE. THE NEXT DAY SHE TOLD HER GRANDMOTHER THAT IT BROKE "SO I HAD TO CHUCK IT OUT". MARION WEPT ALL DAY. HER VISITING NURSE CAME IN AND FOUND HER CRYING, AND THOUGHT SHE WOULD COMFORT HER BY SAYING, "IT'S JUST AN OLD PIN. WE'LL GET YOU ANOTHER ONE THAT'S TWICE AS LOVELY".

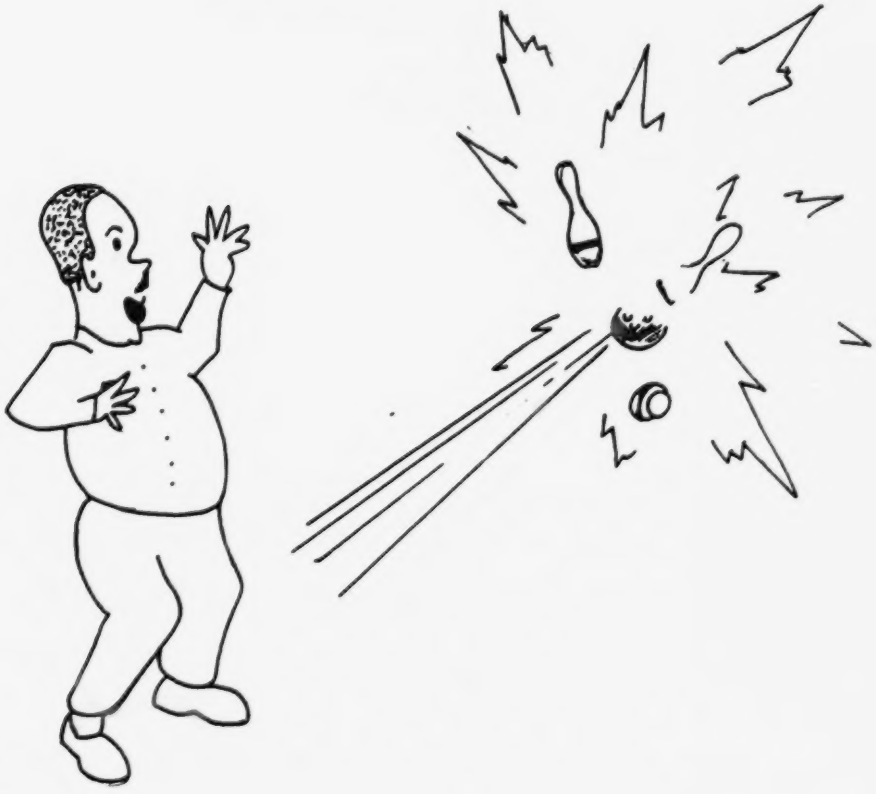
THE NURSE HAD PROJECTED HER OWN FEELINGS (THAT THE BROACH WAS REPLACEABLE) ON MARION, AND THUS, HAD NOT HEARD OR UNDERSTOOD MARION'S GRIEF. MARION WOULDN'T BE HURTING IF THE LOSS HAD NOT BEEN SOMETHING OF SUBSTANTIAL SENTIMENTAL VALUE FOR HER. A GOOD HUMAN SERVICE WORKER COULD HELP BY LETTING MARION KNOW SHE REALIZED THE BROACH WAS VERY VALUABLE TO HER. A STATEMENT SUCH AS "I CAN SEE THAT IT MEANT A LOT TO YOU", OR "THERE MUST HAVE BEEN MANY HAPPY MEMORIES TIED TO THAT BROACH", CAN MAKE SOMEONE FEEL UNDERSTOOD AND COMFORTED. COMMENTS SUCH AS "DON'T BE SILLY", OR "IT'S NOTHING WORTH CRYING OVER", WILL ONLY ADD TO THE PAIN. LISTEN, CARE, AND BE THERE. TAKE THE TIME TO UNDERSTAND WHY THE OBJECT WAS IMPORTANT TO THIS INDIVIDUAL. ALLOWING THE GRIEVER TO SHARE THEIR SORROW AND THEIR REASONS FOR CARING FOR THIS THING WILL HELP THE HEALING PROCESS.

WHEN DOES IT END

ALTHOUGH DENIAL, ANGER AND DEPRESSION ARE REASONABLE IMMEDIATE REACTIONS TO A LOSS, THEY SHOULD NOT GO ON FOREVER. IF A LOSS IS SEVERE (E.G., VERY IMPORTANT, SUDDEN, AND AT A TIME WHEN SOCIAL SUPPORTS ARE SCARCE), ONE MIGHT EXPECT THE GRIEVER TO SHOW EXTREME REACTIONS FOR 1-4 WEEKS. DURING THAT TIME, THE GRIEVER NEEDS CONSOLATION AND UNDERSTANDING. ONE ALSO NEEDS THE TIME TO GRIEVE, WHICH MAY MEAN PUTTING OFF OTHER USUAL ACTIVITIES (E.G., GOING TO WORK, ATTENDING

SOCIAL CLUBS, ETC.).

HOWEVER, AFTER ABOUT A MONTH (AND REMEMBER, THIS IS JUST A RULE OF THUMB, EACH INDIVIDUAL WILL VARY ACCORDING TO THEIR OWN PERSONAL NEEDS), ONE SHOULD BE ENCOURAGED TO GET INVOLVED IN NEW ACTIVITIES WITH NEW PEOPLE. THE HUMAN SERVICE WORKER CAN HELP THE OLDER ADULT BY SUGGESTING THINGS ONE MIGHT DO (E.G., JOINING A COMMUNITY CENTRE'S LAWN BOWLING TEAM) OR PLACES ONE MIGHT CALL FOR FUTHER INFORMATION. IF THE OLDER INDIVIDUAL CONTINUES TO REACT WITH INDIFFERENCE TOWARD "GETTING ON WITH LIFE", THE HUMAN SERVICE WORKER SHOULD CONTACT A PROFESSIONAL WHO COULD HELP THE OLDER ADULT COMPLETE THEIR GRIEF AND MOVE ON TO OTHER THINGS.



THE FOLLOWING SECTION WILL PRESENT WAYS TO MORE COMFORTABLY INTERACT WITH SOMEONE WHO IS GRIEVING.

DISCUSSING DEATH AND DYING

UPON COMPLETION OF THIS SECTION YOU WILL BE ABLE TO DESCRIBE A FEW WAYS TO MORE COMFORTABLY INTERACT WITH SOMEONE WHO IS DYING.

THUS FAR, WE'VE TALKED ABOUT HOW TO DEAL WITH GRIEF FOR SOMETHING OR SOMEONE WHO'S ALREADY GONE. SOMETIMES PEOPLE GRIEVE BEFORE THE LOSS OCCURS. A SPECIAL INSTANCE OF THIS IS WHEN A PERSON REALIZES HE OR SHE ARE GOING TO DIE, AND WANT TO MOURN THE LOSS OF THEIR OWN LIFE.

BERT HAD ALWAYS KNOWN HE WOULD PROBABLY BE THE FIRST TO GO. HE LAY IN HIS HOSPITAL ROOM, FLIPPING THROUGH THE PHOTOGRAPH ALBUM OF HIS PAST 60 YEARS, AND REMARKED, "I THINK I'LL MISS THE HYACINTHS THE MOST. I'LL MISS THE BLUE ONES THAT SMELL LIKE YOUR AUNT'S SWEET PERFUME. MAYBE THEY SMELL STRONG ENOUGH TO WAFT ALL THE WAY UP TO HEAVEN. WHAT DO YOU THINK HAZEL?".

HIS WIFE, HAZEL, SCOULED AND STARED AT HER KNITTING. "THERE'S NO USE IN TALKING LIKE THAT" SHE SAID. "YOU BEST THINK OF SOMETHING ELSE".

PLANNING AND PREPARING FOR DEATH IS DIFFICULT ENOUGH FOR AN OLDER ADULT WITHOUT BEING TOLD THEY CAN NOT TALK ABOUT IT. JUST AS WITH OTHER TYPES OF LOSSES,

ANTICIPATED LOSS OF ONE'S OWN LIFE DESERVES UNDERSTANDING. LISTEN, CARE, AND BE THERE WITH THE DYING INDIVIDUAL. REMINISCING IS IMPORTANT TO THE DYING INDIVIDUAL. LISTENING AND INTERACTING APPROPRIATELY IS MOST BENEFICIAL AND SUPPORTIVE. REMEMBER, LISTENING IS HELPING.

EVERYONE (AS FAR AS WE KNOW) WILL DIE EVENTUALLY. THE OLDER ONE IS, THE MORE LIKELY DEATH IS TO OCCUR IN THE NEAR FUTURE. THUS, CONSIDERING THIS EVENTUALITY AND PLANNING FOR IT ARE REASONABLE ACTIVITIES - ESPECIALLY FOR THE OLDER ADULT - AS LONG AS THEY DO NOT BECOME OBSESSIONS.

IF THE INDIVIDUAL APPEARS TO BE CONSIDERING DEATH MORE THAN LIFE, THEN A PROFESSIONAL WHO WORKS WITH THIS KIND OF PROBLEM SHOULD BE CONTACTED.

FOR SOME OLDER ADULTS, DEATH IS MORE OF A "SURE THING" THAN FOR OTHERS. INDIVIDUALS WHO ARE DIAGNOSED AS BEING TERMINALLY ILL WILL HAVE DIFFERENT NEEDS THAN OLDER ADULTS WHO ARE PRESENTLY HEALTHY.

THE THREE MAJOR NEEDS OF A TERMINALLY ILL PERSON ARE:

1. THE NEED TO CONTROL PAIN
2. THE NEED TO MAINTIAN DIGNITY OR FEELINGS OF SELF-WORTH, AND
3. THE NEED TO RECIEVE LOVE AND AFFECTION.

THE HUMAN SERVICE WORKER CAN HELP WITH EACH OF THESE NEEDS.

USUALLY THE PHYSICIAN WILL TAKE CARE OF PAIN WITH MEDICATION. THE HUMAN SERVICE WORKER CAN ASSIST THE REDUCTION OF FEELINGS OF PAIN BY (A) OBSERVING THE INDIVIDUAL CAREFULLY FOR FACIAL EXPRESSIONS AND MOVEMENTS THAT MAY INDICATE THE PRESENCE OF PAIN, (B) ENCOURAGING THE PERSON TO TAKE THEIR MEDICATION WHEN THEY NEED IT, AND
(C) DISCOURAGING "PAIN TALK" (E.G., "OH, I HURT SO MUCH", OR "LET ME TELL YOU WHAT IT FEELS LIKE"). THIS MAY SEEM LIKE A CONTRADICTION TO LISTEN, CARE, AND BE THERE". BUT ACTUALLY IT'S NOT. THE MORE AN INDIVIDUAL FOCUSES ON PAIN, THE MORE LIKELY ONE IS TO FEEL IT. IT IS NOT ADVISABLE TO APPROACH AN INDIVIDUAL WITH

QUESTIONS REGARDING PAIN, FOR EXAMPLE "DOES IT HURT TODAY?" SIMILARLY, IF THE INDIVIDUAL IS THINKING OR TALKING ABOUT SOMETHING ELSE - ESPECIALLY SOMETHING PLEASANT - THE LESS PAIN ONE IS LIKELY TO EXPERIENCE. THUS, THE HUMAN SERVICE WORKER CAN DEMONSTRATE CARING BY DISCOURAGING DISCUSSIONS OF PAIN.

THE HUMAN SERVICE WORKER CAN ALSO HELP THE DYING PATIENT MAINTAIN DIGNITY AND SELF-WORTH. THIS IS OFTEN ACCOMPLISHED BY LETTING THE OLDER ADULT TAKE PART IN DISCUSSIONS REGARDING TREATMENT AND BY ALLOWING ONE TO SETTLE THEIR ESTATE (OR "PUT THEIR HOUSE IN ORDER"). FOR EXAMPLE, EVEN SOMETHING SIMPLE SUCH AS ASKING THE OLDER ADULT WHETHER THEY WANT THEIR BED ADJUSTED RATHER THAN CRANKING IT UP AND SAYING, "THERE, DON'T YOU FEEL BETTER NOW?", WILL ALLOW THEM SOME CONTROL OVER THEIR ENVIRONMENT. FEELING ONESELF TO BE IN CONTROL CAN HAVE A GREAT EFFECT ON ONE'S GENERAL HAPPINESS.

FOR EXAMPLE, EDGAR HATED THE HOSPITAL. THE NOISE, THE LIGHTS, AND ESPECIALLY THE FOOD "MAKE ME FEEL SICK", HE'D GROWL. "I HATE BEING ON THEIR DARN SCHEDULE", HE'D SNARL AT HIS WIFE WHEN SHE CAME TO VISIT. "I WANT TO GO HOME AND DIE IN PEACE!".

EDGAR'S DOCTOR LISTENED AND UNDERSTOOD EDGAR'S REQUEST. HE SENT EDGAR HOME WITH PAIN MEDICATION AND THE PHONE NUMBER OF A NURSE WHO COULD COME IN AT NIGHT (SO EDGAR'S WIFE COULD SLEEP). TWO WEEKS LATER, THE DOCTOR GOT A CALL FROM EDGAR'S WIFE. "THANK YOU FOR THE MOST WONDERFUL MOMENTS AT THE END", SHE CRIED. "HE KEPT

SAYING HE DIDN'T HURT AS MUCH IN HIS OWN ROOM, WITH HIS FAVOURITE PILLOW BEHIND HIS BACK AND THE DOG LYING ON HIS LAP. HE WAS ABLE TO SETTLE ALL OF HIS BUSINESS, TELL EVERYONE GOODBYE, AND TRULY DIE PEACEFULLY. "THANK YOU FOR LETTING HIM DO IT HIS WAY". THERE IS STILL A LOT OF "LIVING" LEFT IN THE PERSON WHO IS "DYING". IT MAY BE HELPFUL NOT TO THINK IN TERMS OF "DYING" BUT "LIVING". THIS ATTITUDE CAN DECREASE THE FEAR SO MANY PEOPLE HAVE WHEN THEY APPROACH AN INDIVIDUAL WITH A TERMINAL ILLNESS.

FINALLY, A DYING PERSON NEEDS LOVE AND AFFECTION - JUST LIKE ANYONE ELSE. THIS OFTEN MEANS HOLDING, TOUCHING, OR STROKING. HUMAN SERVICE WORKERS OFTEN HAVE THE OPPORTUNITY TO PHYSICALLY TOUCH PATIENTS WHEN CARING FOR THEM. THIS CAN COMMUNICATE CARING AND CONCERN TO THE DYING PATIENT. ALSO, BY LISTENING AND SUPPORTING THE PATIENT'S WAY OF DOING THINGS, YOU WILL COMMUNICATE THAT THE PATIENT STILL HAS SOME CONTROL OVER THE SITUATION.

SUMMARY

GRIEF MAY BE EXPERIENCED WHENEVER A LOSS OCCURS. THE DEGREE OF REACTION WILL DEPEND ON (A) HOW IMPORTANT THAT PERSON OR THING WAS, (B) WHETHER THE LOSS WAS EXPECTED OR SUDDEN, AND (C) WHAT KIND OF SOCIAL SUPPORT IS AVAILABLE TO HELP THE GRIEVING PROCESS.

SOME COMMON REACTIONS TO GRIEF ARE DENIAL, ANGER AND DEPRESSION. A HEALTH CARE WORKER CAN HELP THE PERSON IN GRIEF BY (A) LISTENING, (B) CARING, AND (C) BEING THERE. LISTENING INVOLVES TRYING TO UNDERSTAND THE IMPORTANCE OF THE LOSS, NOT PREJUDGING ITS IMPORTANCE BY YOUR OWN STANDARDS. IF SEVERE GRIEF REACTIONS CONTINUE, HELP THE OLDER ADULT WORK THROUGH HIS OR HER GRIEF.

A TERMINALLY ILL PERSON WILL NEED TO (A) HAVE THEIR PAIN CONTROLLED, (B) MAINTAIN THEIR DIGNITY AND SELF-WORTH, AND (C) RECIEVE LOVE AND AFFECTION. HELP TO REDUCE PAIN BY REDUCING PAIN TALK. INVOLVING THE DYING PERSON IN DECISION MAKING WILL HELP THEM TO MAINTAIN THEIR DIGNITY. FURTHERMORE, TOUCHING MAY BECOME ESPECIALLY IMPORTANT AS A METHOD OF COMMUNICATING AFFECTION.

LISTEN, CARE, BE THERE, AND NEVER UNDERESTIMATE THE POWER OF LOVE. EVEN WHEN YOU FEEL AS THOUGH YOUR WORDS AREN'T RIGHT, YOUR CARING CAN BE UNDERSTOOD.

APPENDIX

Selected Readings

Coping With Bereavement Pamphlet From the Canadian Mental Health Association. (#6 in the 'Coping' series).

Death and its Mysteries. by Lapp. (1976).

Death, Dying and Bereavement. by Richard Schultz.

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Additional Resources

Place: National Film Board of Canada
245 Main St.
Winnipeg, Manitoba, R3C 1A7

Coming and Going

A new kind of hospital ward is visited in this film - at the St. Boniface Hospital in Manitoba - where terminally ill people are provided with a caring environment and are prepared to meet death with dignity. It is a responsible film which shows, very naturally, the warmth of the environment created by the staff, helping patients to cope with the trauma of death.

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58 minutes 106C 0178 468 Produced by CBC

The Last Days of Living

In 1975 Montreal's Royal Victoria Hospital initiated a revolutionary pilot project - the Palliative Care Unit for the terminally ill - under the direction of Dr. Balfour Mount. In this film we share in the hardships and joys experienced by patients, their families, and the staff. The palliative care techniques observed by the camera are simple and straight-forward: they include listening, sharing, touching, and music therapy. An essential film for health-care professionals and volunteers, and for the public at large. Support material available. A French-language version, Vivre...au jour le jour, is also available.

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57 minutes:52 seconds color 106C 0180 002 NFB

Acknowledgements

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Content Advisory Committee

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Ms. Donna Morrison, Coordinator, Gerontology Community Workers Program.
Ms. Margaret Redston, Standards Officer, Manitoba Health Services Commission, Long Term Care Programs.
Ms. Nicole Schmid, Director of Social Services, R.S.W. Centre Hospitalier Tache Nursing Home.

Actors and Actresses

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Mr. Will Dickson, Director, Studio 2 Theatre Group
Ms. Margaret Downie
Mr. Sheldon Fink
Ms. Primrose Hopkins
Ms. Sheila Maurer
Ms. Marianne Neild
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ADDITIONAL TRANSPARENCY SLIDES WERE MADE AVAILABLE BY:

MANITOBA DEPARTMENT OF HEALTH, HOME ECONOMICS
MANITOBA HEART FOUNDATION

TITLES OF THE TRAINING PROJECT'S MODULES

BLOCK A: BASIC KNOWLEDGE OF AGING PROCESS

A.1 PROGRAM PLANNING FOR OLDER ADULTS
A.2 STEREOTYPES OF AGING
A.3 HUMAN DEVELOPMENT ASPECTS OF AGING
A.4 SOCIAL ASPECTS OF AGING
A.5 PHYSIOLOGICAL ASPECTS OF AGING
A.6 DEATH AND BEREAVEMENT
A.7 PSYCHOLOGICAL ASPECTS OF AGING
A.8 CONFUSION AND THE OLDER ADULT
A.9 NUTRITION AND THE OLDER ADULT
A.10 LISTENING AND THE OLDER ADULT

BLOCK B: CULTURAL GERONTOLOGY

B.1 UKRAINIAN CULTURE
B.1.1 COMMUNICATION AND ADJUSTMENT
B.1.2 COMMUNICATION AND ADJUSTMENT

B.2 GERMAN CULTURE
B.2.1 COMMUNICATION AND ADJUSTMENT

B.3 FRENCH CULTURE
B.3.1 COMMUNICATION AND ADJUSTMENT

B.4 NATIVE CULTURE
B.4.1 COMMUNICATION AND ADJUSTMENT
B.4.2 COMMUNICATION AND ADJUSTMENT

BLOCK C: WORK ENVIRONMENT

C.1 WORK ENVIRONMENT I

NOTE: MOST MODULE'S ARE AVAILABLE IN TWO FORMATS:

A) PRINT FORMAT

OR

B) INTERACTIVE VIDEO (COMPUTER ASSISTED TELEVISION) FORMAT

RESOURCE MATERIALS:

HANDBOOK OF SELECTED CASE STUDIES
USER'S GUIDE